BOE-58-AH (FRONT) REV. 11 (8-06)

CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

(Section 63.1 of the Revenue and Taxation Code)

California law provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:

- · The principal residence between parents and children, and/or
- The first \$1,000,000 of other real property between parents and children.

IMPORTANT: In order to qualify for this exclusion, a claim form must be completed and signed by the transferors and a transferee and filed with the Assessor. A claim form is timely filed if it is filed within three years after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment for this property. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which you file your claim. Complete all of Sections A, B, and C and answer each question or your claim may be denied. Proof of eligibility, including a copy of the transfer document, trust, or will, may be required.

Please Note:

- a. This exclusion only applies to transfers that occur on or after November 6, 1986.
- b. In order to qualify, the real property must be transferred from parents to their children or children to their parents.
- c. If you do not complete and return this form, it may result in this property being reassessed.

A. PROPERTY						
ASSESSOR'S PARCEL NUMBER						
PROPERTY ADDRESS	CITY					
RECORDER'S DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER					
PROBATE NUMBER (if applicable)	DATE OF DEATH (if applicable)	DATE OF DECREE OF DISTRIBUTION (if applicable)				
Code, section $405(c)(2)(C)(i)$ which auth foreign national who cannot obtain a s	orizes the use of social security numbers for ocial security number may provide a tax ic	nd Taxation Code section 63.1. [See Title 42 United States r identification purposes in the administration of any tax.] A dentification number issued by the Internal Revenue Service. This claim form is not subject to public inspection.				
B. TRANSFEROR(S)/SELLER(S) (add	ditional transferors please complete "B" on	the reverse)				
1. Print full name(s) of transferor(s)					
2. Social security number(s)		<u> </u>				
3. Family relationship(s) to transfer	eree(s)	<u> </u>				
If adopted, age at time of adopt	on					
4. Was this property the transfero	4. Was this property the transferor's principal residence? ☐ Yes ☐ No					
If yes, please check which one	of the following exemptions was granted or	n this property in the transferor's name:				
☐ Homeowners' Exemption ☐	Disabled Veterans' Exemption					
5. Have there been other properties	5. Have there been other properties that qualified for this exclusion? Yes No					
If yes , please attach a list of a County, Assessor's parcel numb principal residence must be ide	er, address, date of transfer, names of all	exclusion. (This list should include for each property: the the transferees/buyers, and family relationship. Transferor's				
6. Was only a partial interest in the property transferred? Yes No If yes, percentage transferred %						
7. Was this property owned in joi	7. Was this property owned in joint tenancy? Yes No					
8. If the transfer was through the 1	nedium of a trust, you must attach a copy of	of the trust.				
	CERTIFICATION					
any accompanying statements or docume legal representative) of the transferees li	nts, is true and correct to the best of my k	rnia that the foregoing and all information hereon, including mowledge and that I am the parent or child (or transferor's this exclusion and will not file a claim to transfer the base 5.				
SIGNATURE OF TRANSFEROR OR LEGAL REPRI	DATE					
SIGNATURE OF TRANSFEROR OR LEGAL REPRE	DATE					
10						
MAILING ADDRESS		DAYTIME PHONE NUMBER				

C. T	RANSFEREE(S)/BUYER(S	S) (additional transferees please con	nplete "C" below)				
1	Print full name(s) of trans	sferee(s)					
1. Print full name(s) of transferee(s)							
	If adopted, age at time of adoption						
	If step-parent/step-child re		still married to or in a regist	ered domestic partnership (registered means or transfer?			
	If no , was the marriage or registered domestic partnership terminated by: Death Divorce/Termination of partnership						
	If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the da purchase or transfer? \square Yes \square No						
	in a registered domestic partnership with the						
	If no, was the marriage	or registered domestic partnership t	erminated by: Death	Divorce/Termination of partnership			
		and the surviving son-in-law or dau se or transfer? Yes No	ghter-in-law remarried or en	tered into a registered domestic partnership			
3		USION (If the full cash value of the young an attachment to this claim the		ceeds the one million dollar value exclusion, the exclusion that is being sought.)			
		CERTI	FICATION				
any a transfe meanin	ccompanying statements o eree's legal representative)	r documents, is true and correct of the transferors listed in Sectio Revenue and Taxation Code.	to the best of my knowledg	regoing and all information hereon, including ge and that I am the parent or child (or nsferees are eligible transferees within the			
MAILIN	G ADDRESS		DAY	DAYTIME PHONE NUMBER			
				,			
Note:	The Assessor may contact	you for additional information.					
		B. ADDITIONAL TRANSFE	EROR(S)/SELLER(S) (continu	ued)			
NAME		SOCIAL SECURITY NUMBER	SIGNATURE	RELATIONSHIP			
		C. ADDITIONAL TRANSF	 EREE(S)/BUYER(S) (continu	ed)			
NAME				RELATIONSHIP			